

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/539929</div>		FILING DATE					
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		0					54						
5		0					55						
6		0					56						
7							57						
8	1						58						
9		1					59						
10		1					60						
11			1				61						
12				1			62						
13				1			63						
14				1			64						
15				1			65						
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18			1				68						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	9	←	6	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	11		10				TOTAL CLAIMS						